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The provision of accredited Higher Education on dementia in six European countries

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THE PROVISION OF ACCREDITED HIGHER EDUCATION ON DEMENTIA IN SIX
EUROPEAN COUNTRIES: AN EXPLORATORY STUDY

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Abstract

Background: The World Health Organisation has identified developing the knowledge and skills of healthcare professionals who are involved in dementia care as a priority. Most healthcare professionals lack the necessary knowledge, skills and understanding to provide high quality dementia care. While dementia education amongst most UK university health and social care programmes is inconsistent, we know little about the provision of dementia education in European universities.

Objectives: To examine the provision of accredited higher education on dementia in European countries, to illustrate that it is highly variable despite universities being the major provider of education for healthcare professionals internationally.

Design: An exploratory research design was used.

Settings: The providers of higher education undergraduate and postgraduate programmes in the Czech Republic, Portugal, Scotland, Slovenia, Spain, Sweden.

Participants: Higher Education Institutions who provide undergraduate and postgraduate education in the fields of nursing, medicine, psychology, social work, physiotherapy, occupational therapy, and gerontology in six European countries.

Methods: The data was collected using a structured questionnaire. Researchers in each country conducted an internet-based search using the websites of Higher Education Institutions to identify existing accredited dementia education.

Results: These searches revealed a lack of dementia education in undergraduate health and social care study programmes. Three of the six countries offered postgraduate study programmes on dementia. There was a significant variation amongst the countries in relation to the provision of dementia education at undergraduate, postgraduate and doctoral levels.

Conclusions: Dementia is a global challenge and educating and upskilling the workforce is a policy imperative. To deliver the best dementia care, investment in interprofessional evidence-based education is required if we are to respond effectively and compassionately to the needs of people living with dementia and their families. Higher Education Institutions have an important role to play in equipping health and social care professional with the knowledge, skills and understanding to respond to this imperative.

Keywords: dementia, undergraduate education, postgraduate education, Europe, Dementia Palliare

1. Introduction

Dementia is a key public health concern. In Europe, the number of people with dementia is forecast to rise from 9.95 million in 2010 to 18.65 million by 2050 (Wortmann, 2012; Prince et al., 2013). With the associated rising costs of dementia care, health and social care systems are faced with the need to transform the way they provide services and educate the workforce with the knowledge and skills necessary to provide quality care in resource constrained care settings (World Health Organisation, 2012; Griffiths et al., 2014). Globally, the World Health Organisation (2012) has identified developing knowledge and skills of healthcare professionals involved in the treatment of people with dementia as a priority area. The European Parliament has called on countries across Europe to develop action plans and create common guidelines to provide the education and training of professionals caring for people with dementia and their family caregivers (European Parliament, 2010).

Mustafa et al. (2013) state that the numbers of staff who potentially need dementia education and training are huge and it could be argued that everyone working in adult health and social care settings should have some understanding of dementia. These staff need to have the knowledge and skills to provide quality dementia care across the continuum (Adler et al., 2015; Collier et al., 2015). It follows that high-quality dementia education must underpin this ambition (Collier et al., 2015). As Higher Education Institutions (HEIs) are the major provider of education for healthcare professionals internationally (Downs et al., 2009), they play an important role in the provision of dementia education to the current and future healthcare workforce (Collier et al., 2015).

2. Background

Dementia care is provided by a wide variety of professionals from different disciplines (Hvalič Touzery et al., 2015), many of whom lack education about working with people with dementia (Gandesha et al., 2012; Ibrahim and Davis, 2013; Adler et al., 2015; Hanson et al., 2016; Tolson et al., 2016). This is particularly acute amongst those professionals (nurses, social workers, psychologists, dieticians, nurses, occupational therapists and physiotherapists) who work outside mental health (Pulsford et al., 2007; Griffiths et al., 2014). This lack is also found in medicine. Tullo and Gordon (2013) suggest that European medical schools do not provide a sufficient level of dementia education. It decreases following graduation as students move into their medical specialities (Hasselbalch et al., 2007).

A lack of dementia education would also appear to be an international issue. In the USA, Adler et al. (2015) found that the vast majority (82.9%) of health professionals considered having knowledge of dementia as important, yet very few (8.1%) had received training in dementia care within the past year. Over half of the respondents felt they were beginners in terms of knowledge and skills in dementia care (Alder et al., 2015). Physical therapists in Indiana (USA) felt they did not have adequate training and resources to treat people living with dementia as the condition progressed and advanced (Staples and Killian, 2012). In Australia, dementia education is absent from the education curricula of 14 medical specialties (Ibrahim and Davis, 2013). We also know that staff have particular education needs in relation to dementia care, in a review on the extended palliative phase of dementia numerous authors asserted the need for more training and education on providing palliative care for people with dementia (Hanson et al., 2016)

There have been some efforts to redress this; the Scottish Government developed Promoting Excellence: a voluntary framework for all health and social services staff working with people with dementia, their families and carers (Scottish Government, 2011). The four-level framework outlines the knowledge, skills and understanding all health and social care staff should have to support people with dementia, their families and friends. There has also been a European Best Practice Statement developed to support interdisciplinary healthcare professionals to deliver advanced dementia care (Tolson et al., 2016). Both of these are useful for supporting the development of practice however it is up to the discretion of employers whether and to what extent they embed these frameworks into the education and training of staff.

We do know that the coverage of dementia education in health and social care course provided by most UK universities was considered inadequate and inconsistent (Pulsford et al., 2007, HEDN 2009, 2013). Attempting to redress this, HEDN designed a Curriculum for UK Dementia Education to support universities to develop content for their under graduate and postgraduate professional programmes such as nursing, occupational therapy, physiotherapy, and social work (Higher Education for Dementia Network, 2013). It recommended that dementia education is embedded into every programme curriculum and interwoven into each appropriate module. The ambition is that curricula content provides the full range of appropriate knowledge, skills and competencies to enable the future health, social care and medical workforce to deliver high-quality dementia care (Collier et al., 2015). However, despite the sustained aspirations and work of HEDN it would seem that under graduate dementia education in UK HEIs remains brief, variable and dependent on the priorities of the curricula of individual HEIs and the presence of an experienced and committed lecturer within the HEI (Collier et al., 2015).

Even less is known about the provision of dementia education in European HEIs. Yet HEIs have a unique role in transforming the care of people with dementia and their family caregivers through the provision of evidence-based education. It is argued that in-house vocational-based training does not provide sustainable critical knowledge and skills (Downs, 2012). By preparing practitioners at undergraduate and postgraduate levels to develop critical reasoning, problem-solving skills, decision-making skills and team working, HEIs can develop a workforce able to stimulate and maintain transformational change in dementia care (Downs et al., 2009; Griffiths et al., 2014).

3. Methods

3.1. Aim

The aim is to illustrate whether and to what extent content on dementia is present in undergraduate and postgraduate health and social care programmes in six European countries. The objectives are to a) map the existing provision b) map the curricula content and learning outcomes of the post graduate programmes identified and c) determine whether there is content that relates to the care of advanced dementia or the extended palliative phase of the illness. Our hypothesis is that accredited higher education on dementia in six European countries is highly variable despite universities being the major provider of education for healthcare professionals internationally.

3.2. Design

This research activity was conducted as part of a larger Erasmus+ project: Dementia Palliare: Equipping the qualified dementia workforce to champion evidence informed improvements to Advanced Dementia Care and Family Caring through education. The aim of this part of the project was a) to map the composition of professionals working in dementia care and to prepare a brief narrative about roles of these respective disciplines b) to identify existing accredited dementia education provided by the HEIs in the six countries and identify gaps in educational provision that require development of new education/learning materials. We defined the professional dementia workforce as: *a skilled health and social care workforce who regularly provide paid support to people with dementia, their relatives and carers. They have obtained a formal qualification at European Qualifications Framework Level 6 or beyond. They demonstrate the knowledge, skills and abilities to successfully perform critical job functions or tasks related to dementia care and are in a position to lead and influence change in practice.*

The professionals working in dementia care within the six countries included Registered Adult and Mental Health Nurses,, General Practitioners (general doctors), Social Workers, Physiotherapists, Occupational Therapists, Psychiatrists, Psychologists, Neurologists, Geriatricians and Gerontologists. To identify existing accredited dementia education provided by the HEIs in the six countries and identify gaps in educational provision we employed an exploratory research design. Exploratory research is “the initial research, which forms the basis of more conclusive research” (Singh, 2007, p. 64) and it “tends to tackle new problems on which little or no previous research has been done” (Brown, 2006, p. 43). Mapping “is a systematic approach to understanding the “map” of a profession, theory, research question, or practice” (Perryman, 2016).

A structured questionnaire was designed to capture data on existing under graduate and postgraduate dementia education within each of the six countries. Researchers in each

country then conducted an internet based search to identify all the HEIs in their country that provided under graduate and postgraduate programmes in the fields of nursing, social work, medicine, psychology, physiotherapy, occupational therapy and gerontology. They then extracted the information on curricula content for each of these programmes and transferred that into the questionnaires. They also searched for doctoral studies that focussed on dementia.

The HEIs in these six countries follow the Bologna three-cycle structure: the 1st level Bologna Cycle study programmes (undergraduate study programmes), the 2nd level Bologna Cycle study programmes (post graduate programmes) and the 3rd level Bologna Cycle study programmes (doctoral study programmes). HEIs in Europe can be academically or professionally oriented, publicly or privately founded and funded, with some country specifics (European Commission; EACEA; Eurydice, 2015). The purpose of this research was to ascertain whether and to what extent the formal education of health and social care professional contained content on dementia, to this end all HEIs providing education to these groups were searched. The parameters of the Palliare project did not extend beyond the six countries due to the funder-defined strategic context and time constraints of the project. Data was collected in April and May 2015; the authors reviewed and updated the results in April 2016.

3.4. Instrument

The questionnaire design was informed by previous studies that charted the extent and nature of dementia education (Pulsford et al., 2007; Tsolaki et al., 2009; Higher Education for Dementia Network, 2013). The questionnaires had 13 main questions in English and were designed to gather the following information:

- a) Accredited undergraduate programmes (Bologna 1st Cycle) – the name of the programme, the name of the module or course, the content relating to dementia.
- b) Accredited postgraduate programmes (Bologna 2nd Cycle) – the name of the programme, the name of the module or course, curricular description and or the content relating to dementia, the learning outcomes, mode of study, number of ECTS and target group
- c) Doctoral programmes (Bologna 3rd cycle) – PhD studies with a focus on dementia.

The International Standard classification of Education (ISCED) framework does not consider dementia as a scientific discipline, thus accreditation of the first (undergraduate) and third (doctoral) Bologna cycle is not possible. This meant that limited data was available for undergraduate and doctoral programmes and more detailed data on postgraduate programmes was available.

3.4. Data Analysis

First, an exploratory analysis was performed to identify the kind of data that was yielded and to identify anomalies. Once the data sets from the six countries were “cleaned”, a single master dataset was created and used to extract findings. Frequencies were used to count and compare the provision of dementia education at all three levels in the six countries. We analysed data on the under graduate, postgraduate and doctoral programmes separately..

4. Results

4.1. Undergraduate Dementia Education

In relation to undergraduate programmes, we found that the HEIs in all six countries offered some educational input on dementia in generic undergraduate health and social care programmes (e.g. nursing, physiotherapy, medicine, mental health nursing, adult nursing, social gerontology studies, social work, psychology and occupational therapy). A more detailed exploration would be required to identify the number of hours of dementia education included in each programme, but this exceeded the scope of our study. Three of the six countries (Slovenia, Sweden and Scotland) also had specific modules or subjects on dementia within existing accredited undergraduate study programmes (see Table 1).

In Slovenia, social work students are offered the subject ‘Social work with people with dementia’ that focuses on social work with older people, people with dementia and their families (4 ECTS). In Scotland, although there has been a commitment that all undergraduate nursing programmes contain dementia education since 2012, definitive information about undergraduate content in all programmes across health and social care was difficult to ascertain. However, we were able to discern that some modules offered within undergraduate programmes focused on current approaches to working with people with dementia and promoting change to improve care, for example Living well with dementia, Improving dementia care, Huntington’s disease: an enabling approach to supporting families. In Sweden, the only undergraduate programme that offered an accredited course on dementia and dementia care was a Bachelor’s in Nursing programme.

4.2. Postgraduate Dementia Education

HEIs in all six countries offered some content on dementia in their postgraduate health and social care professional education. In Portugal, for example, dementia-related issues are provided in generic Masters programmes in clinical psychology, clinical

psychology and health, neuropsychiatric rehabilitation, medicine – integrated master's degree, mental health, psychiatry, palliative care, and social gerontology. In Slovenia, a social work masters includes a course on the holistic approach to dementia. Medical students can elect to study dementia (types, diagnosis and treatment). In Scotland, a Masters in Later life and Gerontology includes a module on 'Dementia care principles'. In Sweden, there are several interdisciplinary post-graduate options to study dementia for example Care of persons with dementia disease, Nursing and caring for people with dementia, Dementia and mental illness in the elderly (clinical signs, investigation and treatment). Nurses can choose to study 'Persons with dementia and co-morbidity' and 'Person-centred care in dementia'.

In addition to options with generic masters programmes Spain, Sweden and Scotland also have accredited master's study programmes on dementia.

4.2.1. Accredited master's programmes on dementia.

Of the eight master's programmes we found that focused on dementia, three were in Spain, three in Sweden, and two in Scotland. All but one (Spanish Master's in Interventions for People with Alzheimer's Disease) were online programmes (see Table 2).

There are two types of master's degrees in Spain. The first, "Máster Oficial/Universitario", is approved and recognised by the Spanish regulations and in Europe, while the other, "Master Proprio", is a university-specific degree that is not recognised and approved by the Spanish regulations. The latter is oriented towards advanced professional specialisation and is valued in practice. Two of the master's programmes on dementia in Spain are "Master Proprio" and one is "Máster Universitario". All are one-year full-time programmes (60 ECTS) where students with a prior degree in medicine and psychology are

preferred, although two programmes are also open to students with a prior degree in nursing, occupational therapy and speech therapy, and other professions linked to health.

Sweden also offers two types of master's degree, the "Magister", the Swedish term for Master. The programme is worth 60 ECTS, including a thesis of 15 ECTS. The second type of master's programme follows the Bologna Declaration and is worth 120 ECTS. The latter is not yet widespread in the country, at least not within nursing or healthcare professional education. All Swedish master's programmes with a focus on dementia are "Magister" programmes. These are not ordinary Swedish master's programmes: the universities offering them are commissioned by an organisation called "Silviahemmet" working for improved dementia care. Therefore, tuition for each semester must be paid for, which is uncommon in the usually free Swedish universities. All three Swedish master's programmes are two-year part-time (60 ECTS) study programmes open to students with a prior degree in medicine, nursing, occupational therapy or physiotherapy, depending on the study programme.

The two Scottish master's programmes are both two-year part-time (90 ECTS) programmes. They are open to students who have a professional qualification in a relevant field and are currently working with people with dementia.

The curricula description and learning outcomes of the master's programmes showed that, in the two Spanish "Master Proprio" programmes, the content largely related to a biomedical model of dementia care. The Master's in Dementia and Cognitive Impairment (Spain) equips graduates with medical knowledge and medical interventions for people with dementia, and the Master's in Neuropsychology and Dementia (Spain) focuses on diagnosis and treatment of patients with dementia from a neuropsychological perspective (see Table 3).

In contrast, the university-specific Master's in Interventions for People with Alzheimer's Disease (Spain) and the Swedish master's programme in dementia care for

physicians both had broader content. The former focused on the acquisition of interdisciplinary knowledge, skills and attitudes within Alzheimer's disease research; the evaluation and intervention for patients with Alzheimer's disease and other dementias, and the management of care centres for Alzheimer's disease patients. The Swedish master's programme for physicians, however, places great importance on gaining a holistic understanding of dementia, on increased proficiency in working with people with dementia in all phases of the condition, and on the acquisition of skills for developing effective and quality-assured dementia care. The master's programme for nurses starts with a palliative care approach. It focuses on leading and co-ordinating care in complex situations within dementia care and on creating best possible conditions for a high quality of life for persons with dementia, their family and friends. The master's programme for physio- and occupational therapists has a stronger emphasis on physical, psychological, social and economic consequences for persons with dementia, their family and the society at large. Working with evidence-based and person-centred care, students gain knowledge of the needs in different phases of dementia and of how to solve complex situations. The interdisciplinary nature of the Scottish master's programmes is reflected in the curriculum content. It emphasizes a biopsychosocial model of dementia care, the lived experience of dementia, social interventions and care pathways as key components (see Table 3).

4.3. Doctoral Education

Doctoral study programmes in all six countries offer the possibility of submitting a PhD thesis that focuses on dementia. For example theses could be submitted within gerontological, geriatric, nursing, social work or medical disciplines. HEIs in Scotland specialising in dementia research and/or education feature doctoral opportunities in dementia.

The number of these varies from year to year. At the time of data collection, Scotland had seven doctoral studies focusing on dementia: Dementia (topic not specified), Dementia Research (topic not specified), Exploring the Expectations and Experiences of Individuals with Cognitive Impairment around Receiving a Diagnosis of Dementia, Ageing with a Learning Disability in a Generic Care Home for Older People, Aspects of Dementia Care, Dementia & Social Gerontology, and Tailored Activity Programmes (TAP) for People Living with Dementia. Doctoral studies are also available in Sweden. For example, Linköping University has a Centre for dementia research (CEDER) which is based on the research programme "Dementia: agency, personhood and everyday life". It is interdisciplinary and involves researchers with backgrounds in psychology, sociology, social work, philosophy, political science, nursing, linguistics, communication studies, anthropology, and ethnology. The group is a mix of senior researchers and several doctoral students. In Portugal, the doctoral programmes in clinical psychology, gerontology and palliative care offer opportunities related to dementia research (Universities of Porto, Lisbon and Aveiro).

5. Discussion

The aim was to map the provision of dementia education in six European countries. We were particularly interested in shedding light on whether there was any education in relation to advanced dementia or the extended palliative care phase. This was in response to the calls to improve advanced dementia care through providing education that equips a multidisciplinary workforce to deliver best practice and transform advanced dementia care (Tsolaki et al., 2009; Ibrahim and Davis, 2013; van der Steen et al., 2014; Alushi et al., 2015; Tolson et al., 2016).

The exploratory research found significant variation between the six European countries in relation to the provision of dementia education at all three levels. Despite repeated calls and recommendations to improve and increase the education and training of the dementia workforce, this study confirms that many professionals who come into contact with people with dementia and who work in older care settings do not receive specific education on dementia. We found only eight master's programmes in three European countries out of six. Moreover, the curricula content and learning outcomes of the master's programmes identified revealed a dearth of education on advanced dementia.

5.1. Implications for Policymakers, Research and Education

As the older adult population increases worldwide, so does the need for an appropriately educated professional workforce. Workforce knowledge and skills aspirations are contained within National Dementia Strategies that require underpinning by the provision of high-quality education. There is an increased need for the current dementia workforce to develop academically in order to step into HEIs or professional development positions. As highlighted, a lack of appropriately experienced and knowledgeable academic staff is a possible threat to the quality of education provision in UK undergraduate nursing programmes (Collier et al., 2015). Current academic staff require continuing professional development and future academic staff require the appropriate skills, experience and academic qualifications to strengthen the academic and professional development capacity and capability in the specialist knowledge of caring for people with dementia. Policymakers in member countries should consider ways of making the careers and academic opportunities of working with people with dementia, undertaking research and providing education around dementia attractive and rewarding.

Further research could be undertaken to develop a more detailed picture of current dementia education. This research could include an understanding of programmes that have an integrative approach to dementia content as opposed to a modular approach, and identifying and sharing best practice examples around specific education on advanced dementia.

The role of education is intrinsically linked to the implications for policymakers. Working with older people and people with dementia has long held a stigma. Seen as low-value and low-paid work, the development of professionally valued careers and the development of care provided to some of the most vulnerable people in our society have been restricted by poor perceptions of their worth and value (Chenoweth et al., 2010; Cornwell, 2012). Education has a key role to play in raising the expectations of the undergraduate, graduate and researcher workforce and therefore the expectations of people with dementia to have professionals leading their care who receive high-quality education and are engaged in ongoing research and professional development.

The Palliare project has designed four modules on advanced dementia care for delivery across the six HEIs. These modules comprise one undergraduate module:

- Dementia Palliare: Positive Practice Development in Advanced Dementia Care

and three post-graduate modules:

- Dementia Palliare: Contemporary Advanced Dementia Care
- Dementia Palliare: Rights, Risks & Ethics in Advanced Dementia
- Dementia Palliare: Achieving Change in Advanced Dementia Care (see Table 4).

These are now being incorporated in the under graduate and post graduate programmes for health and social care professionals within most of the Palliare project partner countries.

6. Limitations of the Present Study

The strategic context and timeframe of the project mean the findings are based on an internet search within six European countries. The limitation of exploratory study is potential bias in interpretation of collected information. We also acknowledge there could be HEIs providing dementia education not retrieved during the search period. For example, we know that Scottish universities integrate dementia education into their undergraduate adult nursing programmes; this content would not necessarily have been evident from the internet-based search.

The advantage of the exploratory research design used is that it lays the groundwork that will lead to more conclusive research. Future possibilities include expanding the search across Europe and supplementing internet mapping with a targeted telephone survey to capture the provision of dementia education in more detail.

7. Conclusions

Health and social care professionals working in dementia are tasked not only with providing high-quality care to the rising number of people with dementia, but also transforming the way they deliver care within resource-constrained settings. HEIs have a key role in raising the status of older age and dementia care, yet they too face challenges, not least investing in increased dementia expertise within their teaching faculties. If we want to respond to the future needs of people with dementia across the continuum of care and respond in a way to have the lived experience of dementia embraced within a biopsychosocial model of care, we need to create both enriched spaces to learn and practice.

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Table 1

The provision of accredited higher education on dementia in six European countries.

Country	Undergraduate Dementia Education (Bologna 1st Cycle)		Post graduate Dementia Education (Bologna 2nd Cycle)			Doctoral Education (Bologna 3rd Cycle)
	Undergraduate modules/subjects on dementia	Undergraduate generic subjects / generic modules ^a	Accredited master's programmes on dementia	Accredited master's programme modules/subjects on dementia	Accredited master's programme generic subjects / modules ¹	PhD linked to a different scientific area, but doctoral thesis can be on dementia
1. Czech Republic	No	Yes	No	No	Yes	Yes
2. Portugal	No	Yes	No	No	Yes	Yes
3. Slovenia	Yes	Yes	No	Yes	Yes	Yes
4. Spain	No	Yes	Yes	Yes	Yes	Yes
5. Sweden	Yes	Yes	Yes	Yes	Yes	Yes
6. Scotland	Yes	Yes	Yes	Yes	Yes	Yes

^a Generic subjects or generic modules contain some content on dementia.

Table 2

Basic characteristics of postgraduate programmes on dementia in six European countries.

	Postgraduate study programmes	Institution	Number of ECTS ^a	Duration	Mode of study	Target group
SPAIN						
1.	Master's in Dementia and Cognitive Impairment (Máster en Demencias y Deterioro Cognitivo)- "Master Proprio"	Universidad Pablo de Olavide de Sevilla	60 ECTS	1 year	Full-time	Graduates in psychology, medicine, biology or other degree relevant to neuropsychology and university graduates in nursing, occupational therapy and speech therapy
2.	Master's in Neuropsychology and Dementias (Máster en Neuropsicología y Demencias)- "Master Proprio"	Universidad Europea Miguel de Cervantes	60 ECTS	1 year	Full-time	Graduates in medicine and psychology Other graduates with specific interest in neuropsychology
3.	Master's in Interventions for People with Alzheimer's Disease (Intervención a Personas con Enfermedad de Alzheimer) - "Máster Universitario"	University of Salamanca, Facultad de Medicina	60 ECTS	1 year	Full-time	Professionals and graduates of health science, research and related disciplines
SWEDEN						
1.	Master's Programme in Dementia Care for Physicians (Silvialäkare - Silvia Doctor)	Karolinska Institutet	60 ECTS	2 years	Part-time	Medical degree

2.	Master's Programme in Dementia Care for Occupational- and Physiotherapists (Silvia occupational therapist or Silvia physiotherapist)	Karolinska Institutet	60 ECTS	2 years	Part-time	Bachelor's degree in occupational therapy or physiotherapy
3.	Master's programme in Nursing Science specializing in dementia care	Sophiahemmet University	60 ECTS	2 years	Part-time	Bachelor's degree in nursing science or medical science
SCOTLAND						
1.	The MSc: Dementia Studies	Stirling University	90 ECTS (180 SCQF ^b)	3 years	Part-time	Students must be professionals currently working in a relevant field.
2.	The MSc Dementia: International Experience, Policy and Practice	Edinburgh University	90 ECTS (180 SCQF ^b)	2 – 6 years	Part-time	Interdisciplinary – Students must work with people with dementia or in a related setting. Professionals seeking to develop the skills and understanding required to work with people with dementia in an effective and person-centred way and to develop and lead teams and services providing high-quality support.

Note. ^aEuropean Credit Transfer and Accumulation System (ECTS): One academic year corresponds to 60 ECTS credits that are equivalent to 1500–1800 hours of study. ^bScottish Credit and Qualifications Framework (SCQF): 2 SCQF points equal 1 ECTS point (SCQF - Scottish credit and qualifications framework, 2012)

Table 3

Postgraduate programmes on dementia in six European countries, their modules and learning outcomes.

Postgraduate study programmes	Modules subjects	Learning outcomes
SPAIN		
1. Master's in Dementia and Cognitive Impairment	<ul style="list-style-type: none"> - Main principles of dementia and cognitive impairment (9 ECTS) - Main pathological conditions of dementia patients and their clinical profile (28.5 ECTS) - Diagnosis and basic treatment (6 ECTS) - Research (3 ECTS) - Management, family and legal aspects (6 ECTS) - Master's thesis (25 ECTS) 	<u>Graduate will develop knowledge:</u> <ul style="list-style-type: none"> - on the main principles of dementia and cognitive impairment at different levels; - on the fundamental explorations and techniques used in dementia and cognitive impairment; - on diagnosis and quality treatment; - on the main pathological conditions of dementia patients and their clinical profile; - and understanding of the need for an interdisciplinary approach in cognitive impairment.
2. Master's in Neuropsychology and Dementias ^a	<ul style="list-style-type: none"> - Introduction to clinical neuropsychology - Neuropsychological syndromes - Neurological disorders - Ageing and dementia - Neurophysiology of sleeping disorders - Neuroimaging and neuroinformatics - Master's thesis 	<u>Graduate will:</u> <ul style="list-style-type: none"> - develop knowledge on diagnosis and treatment of various types of dementias from the neuropsychological perspective; - develop the knowledge and skills to implement an appropriate neuropsychological rehabilitation plan for each patient.
3. Master's in Interventions for People with Alzheimer's Disease	<ul style="list-style-type: none"> - Module 1: Theories, methods and research on Alzheimer's dementias (15 ECTS) - Module 2: Care of patients with Alzheimer's dementia and their environment (15 ECTS) - Module 3: Management of care units for Alzheimer's dementia patients (15 ECTS) - Master's thesis (15 ECTS) 	<u>Graduate will:</u> <ul style="list-style-type: none"> - understand the ethical and social dimensions of dementia; - recognize the basic needs of patients with Alzheimer's dementia and requirements of their families; - possess advanced knowledge and understanding of Alzheimer's dementia; - meet and preserve the legal, social and economic conditions related to the treatment and care of people with Alzheimer's dementia; - obtain and use the essential elements of teamwork in the care of patients with Alzheimer's dementia; - recognize the pathological processes that produce Alzheimer's disease and its consequences, both in a person and in their biopsychosocial environment; - know and apply models of care in Alzheimer's dementia, referring to individuals, families and their environment;

- know and apply quality systems, and maintain a commitment to excellence in Alzheimer's dementia research, evaluation, intervention and management;
- actively recognize different phases of scientific research;
- identify the most important areas of research on dementia, Alzheimer's disease;
- understand and recognize the causes of action, indications and efficacy of the bio-psycho-social interventions applied in Alzheimer's dementia, from its foundation in scientific evidence;
- establish a clear and effective interpersonal communication.

SWEDEN

1. Master's in Dementia Care for Physicians	<ul style="list-style-type: none"> - Neuroscientific basis for cognition and behaviour (5 ECTS) - Dementia disorders (10 ECTS) - Diagnostics and medical investigations (10 ECTS) - Treatment and evaluation (5 ECTS) - Treatment of disease process including behavioural and psychiatric symptoms (5 ECTS) - Palliative medicine (3 ECTS) - Quality assurance and prioritizations within dementia care (6 ECTS) - Degree project for master's degree in medicine dementia care (15 ECTS) 	<u>Graduate will develop knowledge on:</u> <ul style="list-style-type: none"> - the cognitive and emotional functions of the brain and how they change with age; - nerve cell structure, functions and effects of ageing; - basic knowledge of light cognitive impairment, the different types of dementia, confusion, behavioural and psychological symptoms of dementia; - medical, social and functional investigation of suspected dementia; - continuous treatment as the disease progresses; - medication, rehabilitation and nursing care; - severe dementia care and palliative care; - care and work models; - various organisational and management models for dementia care.
2. Master's in Nursing Science Specializing in Dementia Care	<ul style="list-style-type: none"> - The elderly human in a socio-gerontological perspective (7.5 ECTS) - Ethics and palliative philosophy as value base for dementia care (7.5 ECTS) - Person-centred nursing in dementia care (7.5 ECTS) - Leadership and improvement knowledge in dementia care (7.5 ECTS) - Research methodology (7.5 ECTS) - Independent master's thesis (15 ECTS) - Leadership and improvement knowledge in dementia care II (7.5 ECTS) 	<u>Graduate will develop knowledge on :</u> <ul style="list-style-type: none"> - Sociogerontology and gerotranscendence theory - The normal ageing process, geriatric diseases and dementias - Ethics, palliative care approach and value-based care - Caring for people with dementia in complex situations and acute geriatric care - Person-centred care - Lifeworld perspective - Leadership - Evidence-based care - Improvement work - Pedagogy

3.	Master's in Dementia Care for Occupational- and Physiotherapists	<ul style="list-style-type: none"> - Dementia from cell to society (15 ECTS) - General principles of scientific work (15 ECTS) - Implementation of evidence-based physiotherapy/occupational therapy for people with dementia (15 ECTS) - Degree project for master's degree in occupational therapy or physiotherapy, with specialisation in dementia (15ECTS) 	<u>Graduate will:</u> <ul style="list-style-type: none"> - gain a deeper understanding and knowledge of people with dementia in different stages of the disease, and of how it is to live with it; - learn evidence-based and person-centred work with complex problems; - gain advanced knowledge directly linked to occupational therapy/physiotherapy.
SCOTLAND^b			
1.	The MSc: Dementia Studies	<ul style="list-style-type: none"> - Critical and creative approaches to dementia (20 SCQF) - Dementia and the environment (20 SCQF) - Critical and reflective thinking in dementia studies (20 SCQF) - Enhancing dementia practice (20 SCQF) - Living with dementia—care pathways (20 SCQF) - Understanding and evaluating evidence in dementia studies (20 SCQF) - Researching dementia (20 SCQF) - Evaluation and assessment in dementia care (20 SCQF) - Developing a dementia research proposal (20 SCQF) 	<u>Graduate will:</u> <ul style="list-style-type: none"> - develop an advanced understanding of multidisciplinary perspectives about dementia and approaches to dementia care; - address critical issues in dementia care and service delivery; - foster improved multidisciplinary and collaborative practice; - compare and contrast national and international research; - identify and debate current practice developments; - develop critical thinking to promote reflective practice; - develop knowledge and skills of social research processes.
2.	The MSc Dementia: International Experience, Policy and Practice	<ul style="list-style-type: none"> - International approaches to dementia (20 SCQF) - Working in partnership with people with dementia (20 SCQF) - Managing risk and promoting resilience (20 SCQF) - Supervised critical reading in health and social care (20 SCQF) - Research methods in healthcare A (20 SCQF) - Research methods in healthcare B (20 SCQF) - Dissertation B (60 SCQF) 	<u>Expert Practitioner Promoting Excellence Framework will have:</u> <ul style="list-style-type: none"> - knowledge of dementia, value base, leadership skills and confidence in dementia service delivery among staff in statutory, health and not-for-profit settings; - the ability to confidently develop dementia services in your own setting and country based on theory, research and principles of good practice; - information-communication technology literacy. <u>Advanced knowledge and understanding of:</u> <ul style="list-style-type: none"> - the experience of dementia around the world and how this is influenced by local, national and international policy, practice, research and broader social factors; - medical and social interventions for different groups of people with

- dementia;
- the importance of looking from the perspective of the person with dementia whilst focusing on their assets and strengths;
 - health and social science perspectives on change and loss and their impact in relation to the support of people with dementia;
 - international approaches to assessment, diagnosis and interventions in dementia care and service planning;
 - evaluation of services and supports in terms of the outcomes for people with dementia, overcoming methodological and practical challenges.

Note. ^aNo data available on ECTS per individual course. ^b Scottish Credit and Qualifications Framework (SCQF): 2 SCQF points equal 1 ECTS point (SCQF - Scottish credit and qualifications framework, 2012)

Table 4

New modules developed within Dementia Palliare project.

	Level (EQF)	Module content
Dementia Palliare: Positive Practice Development in Advanced Dementia Care	6	<ul style="list-style-type: none"> - principles of biopsychosocial and spiritual approaches to advanced dementia care - communication with people with advanced dementia - models and approaches to person-centred care development for people with advanced dementia and their families - the fundamental healthcare needs in tandem with other needs - delivering, co-ordinating or leading specialised evidence-based and person-centred care for people with advanced dementia - supporting people with advanced dementia and their families - understanding of the new concept Dementia Palliare
Dementia Palliare: Achieving Change in Advanced Dementia Care	7	<ul style="list-style-type: none"> - knowledge and critical theory of contemporary concepts in relation to advanced dementia - identification of opportunities and challenges to achieving change in advanced dementia care within their own practice - identification and conceptualisation of an area of current practice that is in need of improvement - design and implementation of change in partnership with colleagues, people with dementia and their families
Dementia Palliare: Contemporary Advanced Dementia Care	7	<ul style="list-style-type: none"> - dementia strategies, legislation and research on advanced dementia in different contexts - contemporary theoretical research and evidence in advanced dementia care - care and support that people with advanced dementia and their families receive in different contexts - contemporary inter-professional values in advanced dementia care
Dementia Palliare: Rights, Risks & Ethics in Advanced Dementia Care	7	<ul style="list-style-type: none"> - multiple ethical perspectives in advanced dementia care - rights-based approaches in advanced dementia care - principles of person-centred, family-centred and relationship-centred advanced dementia care - positive risk taking for people with advanced dementia and their families in different contexts